


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

B 1882

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FILED  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** H43667

**1. Corporation Name**

S.R.E.M. CORPORATION  
2700 West Cypress Creek Road, Suite D-109  
Fort Lauderdale, FL 33309

**2. Principal Office Address**

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

01-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/20/85

**5. FEI Number**

592528135

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Rudolf & Hoffman, P.A.

Street Address (P.O. Box Number is Not Acceptable)

615 Northeast Third Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale, FL

State

FL

Zip Code

33304

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/7/05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Fried, Sharon D.	Suite D-109 2700 W. Cypress Creek Road	Fort Lauderdale, FL 33309
S/T/D	Fontana, Josephine	Suite D-109 2700 W. Cypress Creek Road	Fort Lauderdale, FL 33309

500062098815  
12/12/05--01041--017 \*\*750.00

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:** Sharon D. Fried, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 12/06/06 954-971-3535

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S.R.E.M. CORPORATION  
2700 West Cypress Creek Road, Suite D-109  
Fort Lauderdale, FL 33309

December 5, 2005

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

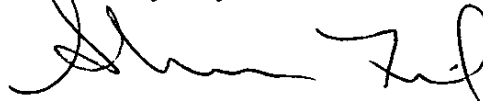
To Whom It May Concern:

Enclosed please find the Corporation Reinstatement document for S.R.E.M. Corporation, along with a check in the amount of \$750.00, for filing with the Florida Department of State.

Please be advised that we never received the 2001 Annual Report form for S.R.E.M. Corporation and would appreciate it if the State would waive any and all penalty fees due by the Corporation.

Thank you in advance for your immediate attention to this matter. If you have any questions, please feel free to contact the undersigned.

Yours very truly,

A handwritten signature in black ink, appearing to read "Sharon D. Fried", with a stylized flourish at the end.

Sharon D. Fried, President